

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                       |                 |
|---|-----------------------------------|---|-----------------------|-----------------|
| 1 Date of Request: <u>8/6/01</u>                      |                                   | 2 Serial/Patent # <u>09/783,264</u>     |                       |                 |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER                          | 5 DATE FILED          | 6 AMOUNT        |
| <input type="checkbox"/>                              | Filing                            |   |                       | \$              |
| <input type="checkbox"/>                              | Amendment                         |   |                       | \$              |
| <input type="checkbox"/>                              | Extension of Time                 |   |                       | \$              |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   |                       | \$              |
| <input checked="" type="checkbox"/>                   | Petition                          | <u>4</u>                                | <u>5/2/01</u>         | <u>\$130.00</u> |
| <input type="checkbox"/>                              | Issue                             |   |                       | \$              |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   |                       | \$              |
| <input type="checkbox"/>                              | Maintenance                       |   |                       | \$              |
| <input type="checkbox"/>                              | Assignment                        |   |                       | \$              |
| <input type="checkbox"/>                              | Other                             |   |                       | \$              |
|   |                                   | 7 TOTAL AMOUNT OF REFUND                |                       | <u>\$130.00</u> |
|   |                                   | 8 TO BE REFUNDED BY:                    |                       |                 |
| 10 REASON:  |                                   | <input type="checkbox"/> Treasury Check |                       |                 |
| <input type="checkbox"/>                              | Overpayment                       | <input checked="" type="checkbox"/>     | Credit Deposit A/C #: |                 |
| <input type="checkbox"/>                              | Duplicate Payment                 | , <u>50--0417</u>                       |                       |                 |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |   |                       |                 |
| <u>1.81 Petition</u>                                  |                                   |   |                       |                 |
|   |                                   |   |                       |                 |
| 11 REFUND REQUESTED BY:                               |                                   |   |                       |                 |
| TYPED/PRINTED NAME: <u>Nancy Johnson</u>              |                                   | TITLE: <u>Petitions Attorney</u>        |                       |                 |
| SIGNATURE: <u>Nancy Johnson</u>                       |                                   | PHONE: <u>703-305-0309</u>              |                       |                 |
| OFFICE: <u>Petitions, 4706</u>                        |                                   |   |                       |                 |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                       |                 |
| APPROVED: <u>Anna Chase</u>                           |                                   | DATE: <u>8-6-01</u>                     |                       |                 |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B